

07-05-01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Albert Chin et al.

Serial No.: Unknown

Filing Date: July 3, 2001

For: MEDICAL DEVICE WITH EXTRUDED MEMBER HAVING HELICAL
ORIENTATION

Docket No.: 1001.1468101

TRANSMITTAL SHEET

The Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EL837558222US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 3rd day of July, 2001.

By

Jolene Alger

We are transmitting herewith the attached Patent Application including the following:

☒ 18 sheets of specification.

☒ 27 claims.

☒ 1 sheet of Abstract.

☒ 4 sheets of informal drawings.

☒ Executed Declaration and Power of Attorney.

☐ A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

☒ An Assignment of the invention SciMed Life Systems, Inc. is being filed contemporaneous with this patent application.

☐ A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.


CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$345		\$710
TOTAL CLAIMS	27-20 =	7	x9=	\$	x18=	\$126
INDEPENDENT CLAIMS	3-3 =	1	X40=	\$	X80=	\$0
() MULTIPLE DEPENDENT CLAIM PRESENTED			+130=	\$	+260=	\$
TOTAL			\$		\$836.00	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____.

[X] A check in the amount of \$ 836.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
Robert E. Atkinson

Reg. No. 36,433

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